

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/671,189
Filing Date	September 24, 2003
First Named Inventor	Srivastava, Vipul
Art Unit	2112
Examiner Name	Fritz Alphonse
Attorney Docket Number	16869Q-088700US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
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<input type="checkbox"/> Express Abandonment Request
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<input type="checkbox"/> Certified Copy of Priority Document(s)
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<input type="checkbox"/> Proprietary Information
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<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
PTOL-85 Part B-Fee Transmittal
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Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kent J. Tobin		
Date	July 16, 2008	Reg. No.	39,496

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Shayla Brown (Depositor's name)
 Shayla Brown (Signature)
 July 16, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/671,189 09/24/2003 Vipul Srivastava 16869Q-088700US 6394

TITLE OF INVENTION: ERROR CORRECTION/DETECTION CODE ADJUSTMENT FOR KNOWN DATA PATTERN SUBSTITUTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1440 \$300 \$0 \$1740 07/18/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ALPHONSE, FRITZ

2112

714-758000

07/18/2008 MGE BREM2 00000095 201430 10671189

01 FC:1501

1440.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Hitachi Global Storage Technologies
 Netherlands B.V.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

1076 AZ Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date July 16, 2008

Typed or printed name Kent J. Tobin

Registration No. 39,496

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Sharyl Brown (Depositor's name)
 Sharyl Brown (Signature)
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nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/18/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALPHONSE, FRITZ	2112	714-758000

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